

North Carolina Department of Health and Human Services Division of Public Health

1931 Mail Service Center • Raleigh, North Carolina 27699-1931

Michael F. Easley, Governor Carmen Hooker Odom, Secretary Leah Devlin, DDS, MPH State Health Director

July 6, 2007

TO: Local Health Department Directors of Nursing

FROM: Beth Rowe-West, RN, BSN, Head

Immunization Branch

Joe Holliday, MD, MPH, Head Women's Health Branch

Carol Tant, MPHA, Head Children and Youth Branch

SUBJECT: Vaccines for Children (VFC) Eligibility for State-supplied Vaccines

VFC Eligibility for Title X Unaccompanied Minors

The purpose of this memo is to clarify eligibility criteria for using vaccines distributed through North Carolina's Universal Childhood Vaccine Distribution Program (UCVDP), and to discuss the use of state-supplied vaccines for unaccompanied minors seen in Title X clinics.

I. VFC Eligibility Criteria

The Centers for Disease Control and Prevention (CDC) require that VFC criteria be evaluated by all providers participating in childhood vaccination programs. All patients receiving state-supplied vaccines must be assessed for VFC criteria at every visit where state-supplied vaccines are administered. Although all required vaccines are available to all children in North Carolina regardless of insurance status (that is, these vaccines are universally available), certain other vaccines are available only for children who meet the VFC eligibility criteria. Currently, those vaccines requiring VFC eligibility are rotavirus vaccine, meningococcal conjugate vaccine, and human papillomavirus (HPV) vaccine. Pneumococcal conjugate vaccine is available for VFC-eligible children and underinsured children seen at any location.

As defined by CDC, children through 18 years of age who meet at least one of the following criteria are eligible for VFC vaccine:

- **Medicaid enrolled** a child who is eligible or enrolled in the Medicaid program.
- Uninsured a child who has no medical insurance coverage.
- American Indian or Alaskan Native
- **Underinsured** a child whose health insurance benefit plan does not cover the full cost of vaccinations <u>and</u> they receive immunizations at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).

In order to view the current coverage criteria for all state-supplied vaccines, go to:

http://www.immunizenc.com/images/PDFs/UCVDP%20&%20ACIP%20COVERAGE%20CRITERIA%20-%20FINAL.pdf





II. VFC Eligibility for Title X Unaccompanied Minors

Questions have arisen regarding the VFC eligibility in Title X programs where minors may be unaccompanied, and their insurance coverage is inaccessible. The following is an excerpt addressing this issue from the CDC website at: http://www.cdc.gov/nip/vfc/st_immz_proj/fags_eligibility.htm#12

If an adolescent presents for family planning services at a Title X clinic without insurance information, would the adolescent be eligible for the VFC program?

A person under 19 years of age who may have insurance but because of the circumstances for seeking services does not have access to that insurance coverage is uninsured for the purposes of the VFC program. The Title X clinic must screen these adolescents for VFC eligibility using the form: "Patient Eligibility Screening Record Vaccines for Children Program for Title X Programs" (.doc). In addition, each Title X clinic must document all VFC vaccines administered to unaccompanied minors without insurance information on the administration log titled "Title X Unaccompanied Minor without Insurance Information VFC Vaccine log" (.doc). The completed logs should be submitted to the immunization program on a monthly basis. Both documents are available at the end of this questions and answers document.

In North Carolina, this rule applies only to the vaccines which are not universally available. Those not universally available and which are indicated for adolescents are meningococcal conjugate and HPV vaccines. When minors *are* accompanied by a parent or guardian, VFC eligibility is assessed as is stated in Section I above.

The Patient Eligibility Screening Record Vaccines for Children Program for Title X Programs and Title X Unaccompanied Minor without Insurance Information VFC Vaccine Log referenced above are attached. The completed logs should be sent monthly to:

Immunization Branch

NC Department of Health and Human Services

1917 Mail Service Center

Raleigh, NC 12699-1917

The Immunization Branch will make enhancements to the North Carolina Immunization Registry to include a VFC category to cover the Title X unaccompanied minors. At that point, the above forms will no longer be necessary to complete.

Questions or comments should be directed to the regional immunization nurse serving your region, or to the central Immunization Branch office at 919-707-5550.

Attachments

SMT LHD Directors RINs WH Nurse Consultants LHD WH Coordinators

Joy Reed CO Staff RICs FP Nurse Consultants LHD FP Coordinators

Jwn/6-27-07

Cc:

 $filename:\ VFC\ Eligibility-Title\ X\ letterhead$

| Vaccines for | or Children l | Program for ' | Title X Progra | ms | | | | | |
|--|----------------------------------|---|--|---|---|---|--|--|--|
| 1. Initial S | creening Da | te: | D Y Y | Y Y | | | | | |
| 2. Child's | Name: | | | | | | | | |
| 3. Child's | Date of Birth | Last Name i: M M D | | First Y Y | | MI | | | |
| 4. Parent/ | Guardian/Ind | dividual of Re | ecord: | Last Name | First | MI | | | |
| • | · | • | ied Health Ce ? Yes | nter (FQHC) or Rural He ? No | ealth Clinic (RHC)? | | | | |
| o. Primary | S. Primary Provider's Name: | | | | | | | | |
| 7. Does this patient qualify for immunization through the VFC program because he/she (check only one box): a) Yes, is enrolled in Medicaid b) Yes, does not have health insurance c) Yes, is an American Indian or Alaska Native d) Yes, is underinsured (has health insurance that does not pay for vaccinations)* e) Yes, is an unaccompanied minor without insurance information f) No, this child does not qualify for immunizations through the VFC program because he/she does not met the eligibility criteria Eligibilit y | | | | | | | | | |
| Changes Date | Is enrolled in Medicaid | Does not have health insurance | Is an American Indian or Alaska Native | Is underinsured (has health insurance that does not pay for vaccinations)* | Is an unaccompanied minor without insurance information | Does not meet eligibility criteria | | | |
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Patient Eligibility Screening Record

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office. The record may be completed by the parent, guardian, individual of record or by the health care provider. VFC eligibility screening must take place with each immunization visit to ensure the child's eligibility status has not changed. This same record will satisfy the requirements for all subsequent vaccinations, as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

^{*} To be supported with VFC purchased vaccine, underinsured children must be vaccinated through a FQHC or RHC

Directions: This form must be completed and submitted to the state immunization program on a monthly basis. To prevent duplication of patient count please record all vaccines administered to one patient on a single line. This report is in addition to other VFC reports required by the state immunization program. Complete this log on a monthly basis and the log must document only the administration of any VFC vaccine to unaccompanied minors (through age 18 years of age) because they present without insurance information. Please keep one copy for your clinic's records and send one to the State Immunization Program to the address below:

NC Immunization Program 1917 Mail Service Center Raleigh, NC 27699-1917 Attention: Customer Service Unit

| Title X Unaccompanied Minor without Insurance Information VFC Vaccine Log | | | | | | | | | | |
|---|--------------------------------------|---------------|-----------------|------------------------------------|---|--|--|--|--|--|
| | | Reporting 1 | Month: Year: | | | | | | | |
| | Site | e Name: | | VFC ID: | | | | | | |
| Patient | Date VFC Vaccine was Administered | Patient's Age | List names | of VFC Vaccines Administered | Total Number of VFC Vaccines Administered to this patient | | | | | |
| 1. | | | | | _ | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |
| Fotal Number of Unaccompanied Minors without Insurance Information administered VFC vaccine this Month: | | | Total Number of | VFC Vaccine by type administered t | his month: | | | | | |